

Case Number:	CM13-0007832		
Date Assigned:	09/05/2013	Date of Injury:	07/11/2011
Decision Date:	05/20/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 36-year-old gentleman who sustained injuries to his upper extremities on July 11, 2011. A February 6, 2013 electrodiagnostic study of the left upper extremity showed positive findings for cubital tunnel syndrome. Records state that the claimant failed conservative care, including splinting, medication management, activity modification and formal physical therapy. This request is for surgical intervention to include subacromial decompression with ulnar nerve transposition; the use of an assistant surgeon is also requested for both portions of the surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ULNAR NERVE OPEN RELEASE AT CUBITAL CANAL WITH PHYSICIAN ASSISTANT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35, 37..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: Assistant Surgeon Guidelines (Codes 64704 to 65130).

Decision rationale: The California ACOEM guidelines and the Milliman Care Guidelines do not recommend cubital tunnel ulnar nerve release with the use of an assistant surgeon. The medical records document that the claimant has positive electrodiagnostic studies for cubital tunnel syndrome and has failed all appropriate conservative measures. The ACOEM guidelines would support the surgical request based upon physical exam findings, supported by electrodiagnostic studies confirming the diagnosis and failure of three to six months of conservative treatment. The Milliman Care Guidelines, however, do not support the need for an assistant surgeon during simple decompression at the cubital tunnel. Therefore, the request for cubital tunnel ulnar nerve release with a physician assistant cannot be recommended as medically necessary, as there is no provision to modify the request at the independent medical review level. The request is not medically necessary.

1 LEFT ULNAR NERVE TRANSPOSITION AND Z-PLASTY TENDON TRANSFER OF FLEXOR PRONATOR ORIGIN AT FOREARM WITH PHYSICIAN ASSISTANT:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35, 37..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines; and the Milliman Care Guidelines 17th edition: Assistant Surgeon Guidelines (Codes 64704 to 65130).

Decision rationale: Based on the California ACOEM guidelines, the Official Disability Guidelines, and the Milliman Care Guidelines, the role of an ulnar nerve transposition with a physician assistant would not be indicated, as there is no documentation in the records provided for review of subluxation of the ulnar nerve on examination. The Milliman Care Guidelines also do not recommend the use of a physician assistant for this procedure. Therefore, the surgery in total cannot be recommended as medically necessary.